

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532124

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
3	2		1				
4	2		1				
5	1		1				
6	0	0	1				
7	0	0	1				
8	0	0	1				
9							
10			1				
11							
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48							
49							
50							
TOTAL IND.			1				
TOTAL DEP.	9		9				
TOTAL CLAIMS	10		10				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							